

FIRE DEPARTMENT – CITY OF NEW YORK

APPLICATION FOR FUMIGATION AND INSECTICIDAL FOGGING COMPANY CERTIFICATE

7/15



Submit completed form and submit all attachments to:

Director of Licensing
Bureau of Fire Prevention
Fire Department – City of New York
9 MetroTech Center – Room 1S -1C
Brooklyn, NY 11201-3857



Instructions: This application must be completed by an owner or principal of the company. Please make sure to fill out every field accurately as all fields are required to qualify. **Do not leave any fields blank, write “NONE” or “N/A”** in fields that do not apply to your company. The completed application should be forwarded to the address above, with a check made payable to the *New York City Fire Department* with the application fee of \$105 (CC 48) for original applications and \$50 (CC 49) for renewal applications. Defective applications may be resubmitted one time within 30 days after FDNY notification without any financial penalty. A new application and fee is required after 30 days. Specific questions can be addressed to pubcert@fdny.nyc.gov or by calling 718-999-1988.

Original Renewal Modify Existing (Include Certificate Comp. # __ __ __)

Companies will receive an official letter from the FDNY after review.

Section A – Applicant Information

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Public Telephone Number: _____ Fax Number: _____

Name of Owner or Principal Completing Application: _____ Public Email Address: _____@_____

If your business is located outside of NYC, you must list an Agent for Receipt of Process located in NYC for Judicial OR Administrative Proceedings or Action. (P.O. Box not acceptable, please list a physical mailing address within the five boroughs of New York City that is authorized to receive legal documents if required)

Name: _____ Address: _____ City: _____ Zip Code: _____

Section B – Are you licensed by the NYS DEC? Yes No (Attach proof)
Issuance Date _____ Type of license _____ Expiration Date _____

Section C – Company Owners and Principals

1. Professional Experience/Certificate of Fitness

Principal must obtain a minimum of at least 2 years legally recognized experience in the fumigation and insecticidal fogging industry. Please list in detail hands on experience including tools & materials used of all company principals and officers including their employers or company affiliation in chronological order starting from the most current position. Attach additional sheets as necessary.

One or more of the owners or principals must possess a Z-97 Certificate of Fitness from the FDNY to proceed.

<p>Dates Employed ____/____/____ to ____/____/____</p>	<p>Length of Time Emp'd</p>	<p>EMPLOYER'S NAME & ADDRESS COF: _____</p>	<p>Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval</p>
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<p>Dates Employed ____/____/____ to ____/____/____</p>	<p>Length of Time Emp'd</p>	<p>EMPLOYER'S NAME & ADDRESS COF: _____</p>	<p>Describe hands on work performed in detail including tools & materials used that qualifies you to obtain approval</p>
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2. List all Federal, State or local licenses issued to company, principals or officers in the past 5 years relating to Fumigation and Insecticidal Fogging: (list agency, license name, type of license, valid dates, etc.)

3. List all violations, judgments, convictions and penalties issued against the company, principals or officers in the past 5 years:

4. List all FDNY permits issued to the company, principal or officers:

Section D – Company Employees (not principals or owners)

1. List the name, and Certificate of Fitness number of all individuals who will be performing **Fumigation INSECTICIDAL FOGGING** and attach a copy of his/her Certificate of Fitness or Z letter. Attach additional sheets as necessary.

Name: _____	Name: _____
COF: _____	COF: _____
Name: _____	Name: _____
COF #: _____	COF #: _____
Name: _____	Name: _____
COF: _____	COF: _____

Section E - Insurance

The minimum of a \$ 500,000 policy with the FDNY being co-named on the policy is required. Include copy of ACORD summary of the policy, created within the last 30 days, in your application, including the category type. The policy must be issued by an approved insurance company that is licensed to do business in New York State and has an A.M. Best rating of A-or better.
Termination or expiration of the policy will automatically terminate your company's approval.

Insurance Company Name: _____	Amount of Insurance: \$ _____
Address: _____	Issuance Date: _____
_____	Expiration Date: _____
RATING _____	

AMB Six Digit Number _____
(Can be found at www.ambest.com/ratings)

Section F– Oath or Affirmance and Acknowledgement

I hereby affirm that all statements are true and could be persecuted under penalty of perjury.
I also affirm that this company certificate, if issued, is subject to the requirements of Fire Department.
I also affirm that I will notify the FDNY in writing within 24 hours of any changes regarding this form.

Signature

Date